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**Rules of**  
**Department of Insurance**  
**Division 10—General Administration**  
**Chapter 1—Organization**

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**Title 20—DEPARTMENT OF  
INSURANCE**

**Division 10—General  
Administration**

**Chapter 1—Organization**

**20 CSR 10-1.010 General Organization**

*PURPOSE: This rule reflects the current organization of the Department of Insurance.*

(1) The Missouri Department of Insurance (MDI). The department is organized into four (4) divisions: Consumer Affairs, Financial Regulation, Market Regulation and Resource Administration. The main office is located in the Truman State Office Building, 301 West High Street, 6th Floor, Jefferson City, MO 65101. Two (2) branch offices are maintained in major metropolitan areas to provide any necessary functions. They are located at 111 North Seventh Street, Wainwright Building, Room 229, St. Louis, MO 63101-2167, (314) 340-6830 and 615 East 13th Street, Room 512, Kansas City, MO 64106-2829, (816) 472-2381. A toll-free consumer hotline is also maintained by the department: (800) 726-7390.

(2) Administration. The director is responsible for the administration of the department with the assistance of the following persons:

(A) Director of the Division of Market Regulation. The director of market regulation assists the department director in overseeing the regulatory activities of the following persons:

1. Market conduct examination. The market conduct examination program reviews company operations, including those of health maintenance organizations (HMOs), third-party administrators, utilization review firms and health service corporations, in the areas of marketing, licensing, rates, underwriting, claims and competitive trade practices. These examinations include a review and analysis of rate structures, rate applications, policy forms and endorsements, policy filings, selection and termination of coverage procedures, claim practices and procedures, and licensing of agents, agencies and brokers, advertising, consumer complaint handling and unclaimed property reporting procedures;

2. Life and health. The life and health section must review and approve all policy contracts and supplemental forms filed by insurance companies, health services corporations and HMOs before they may be offered to the Missouri insurance-buying public. These policies and forms include coverages for medical hospital expense, major medical,

disability income, hospital cash indemnity, loss of time, accidental death and dismemberment and special coverage policies. The life and health section must review and approve all life insurance policy contracts and supplemental forms filed by insurance companies before they may be offered to the Missouri insurance-buying public;

3. Property and casualty. The property and casualty section reviews and files submissions by companies, rating organizations, syndicates, pools and joint underwriting associations. These submissions consist of policy contracts and supplemental forms, various reports and other required filings concerning the insurance of automobile, fire and allied lines, homeowners, farm owners, inland marine, casualty, surety, commercial multi-peril and Workers' Compensation and reporting major changes, coverage or rates to the director. This section also approves Workers' Compensation policies, endorsements, classifications, rates and ratemaking plans; and

4. Statistics. The statistics section is responsible for compiling and evaluating all statistical data submitted by companies as required by Missouri statutes and regulations. Statistics also develops historical, local, regional and national statistical analysis of trends and variation in insurance claim incidence or other factors such as loss development factors related to insurance rate development;

(B) Director of the Division of Resource Administration. The director of resource administration assists the department director in overseeing the operations of the following sections:

1. Licensing. The licensing section is responsible for receiving applications for agent, agency, broker, third-party administrator, public adjuster and public adjuster solicitor licenses; maintaining permanent records of licensure; and issuing, renewing and terminating those licenses. It supervises the pre-licensing educational course and approves schools and instructors. This section also oversees the examination process required of agents and brokers. This section also supervises the continuing education program for agents and brokers;

2. Support services. The support services section is responsible for the departmental budget and all permanent records in the office concerning companies. Support services also supervises accounting functions of the department;

3. Management information systems. This section is responsible for supervising the data processing functions of the department; and

4. Personnel. This section is responsible for personnel management for the department; and

(C) Director of the Division of Consumer Affairs. The director of consumer affairs assists the department director in overseeing the operations of the following sections:

1. Consumer services. General complaints and inquiries from the general public concerning all matters relating to insurance companies, health service corporations and HMOs are received and investigated by this section. Each complaint received is investigated. No complaint filed is closed until the complaint is resolved or the director is satisfied that the person complained against has taken a fair and reasonable position or one which is legally defensible. Records of each complaint and its disposition are kept and indexed by company and type of complaint; and

2. Special investigation. This section investigates complaints against any licensed person selling insurance or bail bonds or adjusting losses. This section also investigates complaints of consumer fraud.

(D) Director of the Division of Financial Regulation. The director of financial regulation, who is also the chief financial examiner, assists the department director in overseeing the following regulatory activities:

1. Financial examination. This division is responsible for examining the financial condition and affairs of Missouri insurance companies. It also participates in examinations of insurance companies domiciled in other states and doing business in Missouri;

2. Premium tax. This division assists the Department of Revenue in the collection of all premium taxes due the state;

3. Company admissions. This division initiates the processing of applications for licensing in Missouri of all foreign insurance companies and conducts pre-licensing examinations of all newly-formed domestic insurance companies. Third-party administrators are also licensed by the division;

4. Financial analysis. This division receives audits and files financial statements, including the annual statement, a detailed accounting of pertinent financial data of each insurance company authorized to do business in Missouri;

5. Security deposits. This division also supervises security deposits, withdrawals and replacements; and

6. Surplus lines. Surplus lines licenses are also examined and supervised by the division of financial regulation.

(3) The following persons perform staff functions for the department under the supervision of the department director:

(A) Administrative Assistant. The administrative assistant assists the director in overseeing the administration of the following areas: internal audit, legislation, public information and special projects; and

(B) General Counsel. The department's legal staff are available for daily consultation with the director and other members of the staff in all functional areas within the department. The legal section operates under the direction of the general counsel. The legal section assists and advises the director and the staff in the interpretation and enforcement of the insurance laws, represents the director in court appearances, hearings before the director involving acquisitions, mergers and reinsurance agreements and actions before the Administrative Hearing Commission concerning the revocation of agent, agency, broker and public adjuster licenses. The legal staff also serves as hearing officer in department hearings in the absence of the department director; and

(C) Deputy Director. The deputy director, who acts as department director in his/her absence, is primarily responsible for program development within the department. The deputy director maintains staff and advisory relationships with selected divisions, assists in legislative efforts and performs functions as delegated by the department director.

(4) Public Access to the Department of Insurance.

(A) General. Any complaint, request, inquiry, submission or other communication not specified otherwise in this section should be addressed in writing to Director of Insurance, P.O. Box 690, 301 West High Street, 6th Floor, Jefferson City, MO 65102.

(B) Branch Offices. Branch offices are maintained for consumer inquiries, complaints and investigations at the locations set out in section (1) of this rule.

(C) Licensing. Requests for forms relating to licenses should be mailed to Supervisor of Licensing, Missouri Department of Insurance, P.O. Box 690, 301 West High Street, Jefferson City, MO 65102, (573) 751-3518. Complaints against the business activities of any licensed person selling insurance or bail bonds or adjusting losses should be made to the Special Investigations Unit, Missouri Department of Insurance, P.O. Box 690, 301 West High Street, Jefferson City, MO 65102, (573) 751-2640.

(D) Consumer Complaints and Inquiries. Consumer complaints or inquiries about policy coverage, unpaid claims, refusals of insur-

ance, the meaning of policy language and any other questions or complaints arising from the treatment of the consumer by an insurance company, health service corporation or HMO should be directed to the appropriate branch offices listed in section (1) of this rule or to Consumer Services, Missouri Department of Insurance, P.O. Box 690, 301 West High Street, Jefferson City, MO 65102, (800) 726-7390.

(E) Custodian of Records. Pursuant to section 610.023, RSMo, the director is the custodian of records and has appointed the director of the Division of Resource Administration as the person who is to be responsible for the maintenance of the Department of Insurance's records. The director of the Division of Resource Administration is located at the offices of the Department of Insurance, P.O. Box 690, 301 West High Street, Jefferson City, MO 65102. Further information regarding the custodian and the release of information on any meeting, record or vote is contained in 20 CSR 10-2.

*AUTHORITY: sections 374.045, RSMo Supp. 1995 and 536.023 and 610.023, RSMo 1994.\* This rule was previously filed as 4 CSR 190-1.010. Original rule filed Jan. 28, 1975, effective Feb. 10, 1975. Amended: Filed Feb. 5, 1975, effective Feb. 15, 1975. Amended: Filed Dec. 30, 1975, effective Jan. 10, 1976. Rescinded and readopted: Filed Dec. 1, 1986, effective May 11, 1987. Amended: Filed Dec. 1, 1989, effective May 1, 1990. Rescinded and readopted: Filed Jan. 15, 1992, effective June 25, 1992. Amended: Filed April 25, 1996, effective Dec. 30, 1996.*

*\*Original authority: 374.045, RSMo 1967; 536.023, RSMo 1975, amended 1976; and 610.023, RSMo 1987.*

**20 CSR 10-1.020 Interpretation of Referenced or Adopted Material**

*PURPOSE: This rule regulates the internal affairs of the Department of Insurance, prescribes forms and procedures to be followed in proceedings before the Department of Insurance and effectuates or aids in the interpretation of all laws of this state pertaining to the business of insurance.*

*PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pur-*

*suant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

(1) The versions of the following materials in effect on June 30, 1996, are incorporated by reference in the rules of the Department of Insurance under this title:

(A) Executive Orders 81-2 and 92-04;

(B) National Association of Insurance Commissioners (NAIC) publications, as follows:

1. *Accounting Practices and Procedures Manual for Property and Casualty Insurance Companies;*

2. *Accounting Practices and Procedures Manual for Life and Accident and Health Insurance Companies;*

3. Annual Statement Instructions;

4. Valuation of Securities;

5. Examiner's Handbook;

6. NAIC Proceedings 1984, Volume I; and

7. NAIC uniform biographical data forms;

(C) *Uniform Customs and Practices for Documentary Credits of the International Chamber of Commerce* (Publication 400); and

(D) Any other material expressly incorporated by reference in another rule under this title.

(2) Editions or modifications of these publications up to and including the date set forth in section (1) will be the effective and applicable publications as incorporated by reference in specific rules under this title. Editions or modifications after the date in section (1) shall not be deemed incorporated by reference.

(3) Application of incorporated by reference material shall be determined by other rules under this title which make specific reference to the incorporated material.

*AUTHORITY: section 374.045, RSMo Supp. 1998.\* Original rule filed Nov. 24, 1992, effective Aug. 9, 1993. Amended: Filed Oct. 1, 1993, effective May 9, 1994. Amended: Filed Sept. 29, 1995, effective May 30, 1996. Amended: Filed Sept. 12, 1996, effective April 30, 1997. Amended: Filed April 23, 1999, effective Nov. 30, 1999.*

*\*Original authority: 374.045, RSMo 1967, amended 1993, 1995.*



**STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
BIOGRAPHICAL AFFIDAVIT**

**INSTRUCTIONS**

Print or type your answers. Complete this biographical affidavit in its entirety. If an item or question does not apply to you, state "none" or "not applicable". Read the definitions before completing this biographical affidavit. Attach additional sheets if the space provided is not sufficient. Original signatures and an oath before a notary are required.

**DEFINITIONS**

As used in this biographical affidavit, the following terms mean:

"crime", any action brought by a governmental agency or authority which resulted or could have resulted in a fine, imprisonment, probation, parole, or suspended imposition of sentence, except for traffic infractions.

"insurance company", any insurance company, attorney-in-fact of a reciprocal or interinsurance exchange, and any corporation having the exclusive or dominant right to manage a mutual insurance company.

"license" or "licensed", any license or certificate of authority or certificate of registration.

"terminate" or "terminated" or "termination", any voluntary or involuntary revocation, termination, or suspension, whether temporary or permanent.

NAME OF COMPANY		
1. FULL NAME		SOCIAL SECURITY NUMBER
OTHER NAMES USED AT ANY TIME (ALIAS)		
REASON FOR ALIAS	WAS YOUR NAME LEGALLY CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR NAME CHANGE		
NAME AND LOCATION OF COURT WHERE CHANGE MADE (IF OTHER THAN CHANGE FROM MAIDEN TO MARRIED NAME)		
2. BIRTH DATE	BIRTH PLACE	
3. RESIDENCES FOR THE LAST TEN YEARS STARTING WITH CURRENT ADDRESS. LIST ONLY THOSE ADDRESSES WHERE YOU RESIDED FOR A PERIOD OF AT LEAST SIX MONTHS.		
DATE	ADDRESS (STREET, CITY, STATE, ZIP CODE)	COUNTRY

4. EDUCATION					
	DATE	NAME	LOCATION (CITY, STATE)	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL					
COLLEGE					
GRAD. STUDIES					

5. PROFESSIONAL ASSOCIATIONS			
HAVE YOU EVER BEEN A MEMBER OF ANY PROFESSIONAL ASSOCIATION OR SOCIETY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME AND LOCATION OF ASSOCIATION OR SOCIETY	DATE MEMBERSHIP CONFERRED	DATE MEMBERSHIP TERMINATED	IF TERMINATED, EXPLAIN

6. OWNERSHIP INTERESTS			
(a) Do you own or have beneficial interest in ten percent or more of the voting securities of any corporation or share of any limited partnership, except for an insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF CORPORATION OR LIMITED PARTNERSHIP	NUMBER OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

(b) Do you own or have beneficial interest in the voting securities of any insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF COMPANY	NO. OF SHARES	PERCENT OF TOTAL	IF PLEDGED, EXPLAIN

<b>7. OCCUPATIONAL INFORMATION</b>				
(a) List occupations for the last ten years, including present occupation.				
OCCUPATION, EMPLOYMENT OR BUSINESS	POSITION	DATES	EMPLOYER'S NAME AND LOCATION	REASON FOR LEAVING
(b) List any positions as officer or director of any insurance company including positions currently held unless you have already listed it in 7.(a) above.				
NAME OF INSURANCE COMPANY	POSITION	DATES	REASON FOR LEAVING	
<b>8. MILITARY SERVICE</b>				
HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH	SERIAL NUMBER	
RANK		DATE OF DISCHARGE	TYPE OF DISCHARGE	
IF OTHER THAN HONORABLE, EXPLAIN				
<b>9. LICENSES</b>				
HAVE YOU EVER BEEN LICENSED BY ANY GOVERNMENTAL AGENCY OR AUTHORITY?				<input type="checkbox"/> YES <input type="checkbox"/> NO
LICENSE TYPE	ISSUED BY WHAT AGENCY	DATE ISSUED	DATE/REASON FOR TERMINATION	
<b>10. CRIMES</b>				
HAVE YOU EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIME?				<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF CRIME	NAME AND LOCATION OF COURT	DATE	CONVICTED (YES OR NO)	IF YES, DESCRIBE PUNISHMENT

MD 206-0636 (11-89) (1779)

11. Have you, or a firm in which you are or were a member, or a corporation or insurance company of which you are or were an officer, director or major stockholder (10% or more) ever

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| (a) been charged with any wrongdoing by any governmental authority?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) been discharged or had a contract of agency terminated by any insurer or employer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) been charged in any capacity whatsoever with irregularities in money or any other transaction?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) compromised liabilities with creditors, been insolvent or been adjudged as bankrupt?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) been refused or voluntarily withdrawn an application for a license?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) been fined for other than traffic violations by any state or federal governmental agency or authority?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) had any judgments which have remained unsatisfied?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) been involved in any lawsuit as a defendant, other than a lawsuit involving only a claim on an insurance policy?              | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) had a fidelity or surety bond refused or revoked or had a claim made against a bond on which you were covered as a principal? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is "yes", explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AFFIANT

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, depose and says that he executed the above instrument, consisting of four pages, and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

NOTARY PUBLIC EMBOSSEER SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____		
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		